SIGNATURE:

FILED Jul 02, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P00000106819 07-02-2002 90812 021 ***150.00 GOLDEN THREAD ALTERATIONS, INC.

Principal Place of Business Mailing Address ALTERALIMS 901 N.E. 20TH AVE. 901 NE 20TH AVE FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Malling Address 101 NE 20 Suite, Act. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 65-1073448 Not Applicable Country 5. Certificate of Status Desired Name and Address of Current Registered Agent MASTROGIANIS, GEORGIA Street Address (P.O. Box Number is Not Acceptable) 901 N.E. 20TH AVE. FT. LAUDERDALE FL 33304 Zip Code 8. The algore named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 Māy Bē (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NICKOLOPOULOS, CHRISTOPHER NAME 901 N.E. 20TH AVE. FT: LAUDERDALE FL 33304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NICKOLOPOULOS, ALICIA STREET ADDRESS 901 N.E. 20TH AVE. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33304 CITY-ST-ZIP TITLE , Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Chance NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE Change NAME ☐ Addition NAME STREET ADDRESS STREET, ADDRESS 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the changed, or on an attachment with an address, with all other like empowered.

Machinest



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

May 15, 2002

GOLDEN THREAD ALTERATIONS, INC. 901 N.E. 20TH AVE. FT. LAUDERDALE, FL 33304 US

Subject: GOLDEN-THREAD ALTERATIONS, INC.

Reference-Number: -- P00000106819 -

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

Look for yellow background on the front of this check, and the imageSafe® logo on back. If not present, do not cash,	
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